



ODISHA HYDRO POWER CORPORATION LIMITED

Application Form for Graduate Engineer Trainees

Advertisement No. OHPC: HQ: HRD: RECTT: 01/2023

[Application to be submitted in A4 size paper only]

FILL IN CAPITAL LETTERS AND SIGN AT THE BOTTOM OF EACH PAGE

1. Post Applied For:

2. Name (in Capital Block Letters) :

First Name:

Middle Name:

Last Name:

Paste one recent
passport size colour
photograph signed
on the front.

Do not staple or pin.

3. (A) Address for Correspondence: (Do not mention your name)

POST-	POLICE STATION-	
DISTRICT-	STATE-	PIN-

Contact Telephone No.

Mobile No.

E-mail :

(Active for the next 06 months)

(B) Nearest Railway Station/Bus Stand from mailing address mentioned above:

State:

4. Date of Birth: (as recorded in Matriculation or equivalent certificate)

Date

Month

Year

5. Age as on 01.07.2023: Years

Month (s)

Day (s)

6. Sex ('√'): Male

Female

7. Marital Status ('√'):- Unmarried

Married

8. Father's/Husband's Name:

(Full Signature of the Candidate)

9. Category: (Please put a 'V' mark in the appropriate box)

General SC ST SEBC

(Candidates belong to SC/ST/SEBC categories must attach the attested copies of relevant certificate issued by the Competent Authority)

10. State of Domicile:

11. Additional Information: (Please put a 'V' mark in the appropriate box)

(A) Ex-Serviceman (B) Sports person (C) PwD

12. Nationality:

13. (A) Age Relaxation claimed: YES NO (Use 'V' mark)

(B) Exemption in fee claimed: YES NO (Use 'V' mark)

14. Essential Qualification: (As per the detailed advertisement)

Examination Passed/Appeared	Name of the Institute & University	Discipline/Subject	Course Duration	Year & Month of Passing	Percentage of marks up-to two decimal points in aggregate

(In case of CGPA/Grades please give equivalent percentage (attach photocopies of the certificate and mark sheet towards proof of essential qualification)

15. Educational Qualifications:

Examination Passed	Name of the Institute & University	Discipline/Subject	Course Duration	Year & Month of Passing	Percentage of marks up-to two decimal points in aggregate
10 th /HSC					

(In case of CGPA/Grades please give equivalent percentage (attach photocopies of the certificate and mark sheet towards proof of educational qualification)

(Full Signature of the Candidate) _____

16. DETAILS OF GATE SCORE-2023

GATE REGISTRATION NO	EXAM PAPER	GATE SCORE	MARKS OUT OF 100	ALL INDIA RANK IN THE PAPER

17. Work Experience (if any):

Sl. No.	Employers Name & Address	Duration (DD/MM/YYYY)		Post Held/ Designation	Nature of Duties/ Work Details	Gross Annual Emoluments (in Lacs)	Pay Scale
		From Date	To Date				

18. Particulars of Demand Draft: (SC, ST and PwD candidates are exempted from the payment of fees)

Name and Address of Issuing Bank	Date of Issue	Amount (Rs.)	Demand Draft No.

19. Additional Details:

(i) Tick from the following activities to indicate in which one/ all you can perform in Odia language:

(a) Speak Odia	
(b) Read Odia	
(c) Write Odia	

(ii) Tick from the following Odia language eligibility standard (s) applicable:

a. Passed Middle School Examination with Odia as a Language Subject.	
b. Passed HSC or Equivalent Examination with Odia as medium of examination in Non-language subject.	
c. Passed in Odia as Language subject in the Final Examination of Class VII from a School or Educational institution recognized by the Government of Odisha or the Central Government.	
d. Passed a Test in Odia in Middle English School Standard conducted by the School and Mass Education Department of the Govt. of Odisha.	

(Full Signature of the Candidate) _____

20. DECLARATION:

I hereby declare that I have carefully read the conditions of eligibility mentioned in the advertisement. These conditions are acceptable to me & I fulfil these conditions. I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief and nothing has been concealed therein. I shall furnish the necessary certificates in proof of the above along with the application. I understand that in the event of any information being found false at any stage or not satisfying the eligibility criteria according to the requirements of the post, my candidature/ appointment is liable to be cancelled/terminated.

Place: _____

Date: _____

(Full Signature of the Candidate)

List of Supporting documents: (As per the detailed advertisement)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.

(Full Signature of the Candidate) _____